

HM 691 RESEARCH ELECTIVE EVALUATION FORM

MSU-CHM

This form must be completed by the research mentor and returned to the Community Research Director or Student Programs Administrator at your campus. A Final Research Summary must be attached to this form.

Student Name

Section (for administrator use only)

Research Project Title

Faculty Mentor Name

Community (Campus)

Clerkship start date

Clerkship end date

Semester and Year

Please choose the best answer for each of the following.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Student demonstrated exemplary effort during the elective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student organized time/activities to accomplish goals of the elective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student worked well with mentor and other research team members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student performed effectively in research-related tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student demonstrated adherence to research ethics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student demonstrated honesty, respect and compassion in all interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please provide any comments you may have on the student's research performance.

Student has earned a passing grade for this Research Elective.

(Note: final passing grade requires submission of all documents and approval of the Research Director)

Yes

No

I would like assistance in finding a medical student to help continue with this research project.

Yes

No

I would like assistance in finding a medical student to help with other research projects.

Yes

No

Faculty Mentor Signature

Community Research Director Signature